

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/533289  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		2		/			54						
5		2		/			55						
6		2		/			56						
7		2		/			57						
8		2		/			58						
9		2		/			59						
10		2		/			60						
11		2		/			61						
12		2		/			62						
13		2		/			63						
14		2		/			64						
15		2		/			65						
16		2		/			66						
17		2		/			67						
18		2		/			68						
19		2		/			69						
20	/		/				70						
21		1		2			71						
22		2		/			72						
23		2		/			73						
24		2		/			74						
25		2		/			75						
26		2		/			76						
27		2		/			77						
28		2		/			78						
29		2		/			79						
30		2		/			80						
31		2		/			81						
32		2		/			82						
33		2		/			83						
34		2		/			84						
35		2		/			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	33	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			35				TOTAL CLAIMS						